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#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

#### **NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of

Inventor(s): Michael E. Snyder; Eric M. Dobrusin

SUSTAINED RELEASE SURGICAL DEVICE AND METHOD OF MAKING AND For (title):

USING THE SAME

#### 1. Type of Application

This application is for an original (nonprovisional).

#### 2. **Papers Enclosed**

Date: 4.9.00

- Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application
  - 13 Page(s) of Specification
  - 6 Page(s) of Claims
  - 3 Sheet(s) of Drawing(s)--Formal (Figs. 1-9)

## **EXPRESS MAILING UNDER 37 C.F.R. § 1.10\***

(Express Mail label number is mandatory.) (Express Mail certification is optional)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date in an envelope addressed to Mail Stop Potent Application Control of the United States Postal Service on this date in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EL994649919US

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# B. Other Papers Enclosed

- 3 Page(s) of declaration and power of attorney unexecuted
- 1 Page(s) of abstract
- 3 Page(s) of Application Data Sheet (ADS)

## 3. Declaration or Oath

Enclosed and unexecuted.

# 4. Language

English

# 5. Fee Calculation (37 C.F.R. § 1.16)

# Regular Application

	- F F										
			C	CLAIMS	AS FII	_ED					
	Number F	ber Filed		Number Extra		Rate			Basic Fee 37 C.F.R. § 1.16(a) \$770.00		
Total Claims (37 C.F.F § 1.16(c))	₹ 20	_	20	=	0	×	\$	18.00	=	\$	0.00
Independent Claims (37 C.F.R 1.16(b))	§ 3	_	. 3	=	0	×	\$	86.00	=	\$	0.00
Multiple Dependent Claim(s), if any (37 C.F.R § 1.16(d))							\$	280.00		\$	0.00
Filing Fee Calculation								\$385.00			
6. Fee Paymo	ent Being M	ade	at Thi	s Time							
Enclosed											
Filing Fee									\$385.00		
Total Fees	Enclosed								\$38	35.00	

# 7. Method of Payment of Fees

Attached is a check in the amount of \$385.00.

Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-1097.

## 8. Instructions as to Overpayment

Refund.

# ADDED PAGES FOR APPLICATION TRANSMITTAL WHERE BENEFIT OF PRIOR U.S. APPLICATIONS CLAIMED (37 C.F.R. § 1.78)

- 9. Relate Back
  - A. 35 U.S.C. § 119(e)

"This application claims the benefit of U.S. Provisional Application Nos.:

**APPLICATION NO.** 

FILING DATE

60/462,284

04/11/2003"

## Language of prior filed provisional application

The above identified prior filed provisional application, namely application 60/462,284, filed 04/11/2003, whose benefit is being claimed was filed in the English language.

Date: 9 April 2004

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